

PLACE OF BIRTH SUPPLEMENT ATTACHED

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of Payson

or

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 192

County Registrar No. \_\_\_\_\_

Local Registrar No. \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Martin { If child is not yet named, make supplemental report, as directed.3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth 1st 6. Legitimate? Yes 7. Date of birth May 30 1928 Month Day Year8. FATHER  
Full name Archler Bell Martin14. MOTHER  
Full maiden name Ida Beece Haught-9. Residence (Usual place of abode) Payson Ariz  
If nonresident, give place and state15. Residence (Usual place of abode) Payson Ariz  
If nonresident, give place and state10. Color or race White 11. Age at last birthday 34 (Years)16. Color or race White 17. Age at last birthday 36 (Years)12. Birthplace (city or place) Texas  
(State or country)18. Birthplace (city or place) Texas  
(State or country)13. Occupation Farmer  
Nature of industry19. Occupation Housewife  
Nature of industry20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 11.9 m. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature O. A. Riesen (Physician or midwife)Address Payson ArizGiven name added from a supplemental report \_\_\_\_\_  
Month, day, year.Filed June 1 1928 O. A. Riesen  
Local Registrar.

Registrar.

Filed \_\_\_\_\_, 19\_\_\_\_  
County Registrar.

145-530-983

in order of birth stated.